

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

APPLICANT(S)

FILING DATE

09/27/2007

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51			/			
2		/					52			/			
3		/					53			/			
4		/					54			/			
5		/					55			/			
6		/					56			/			
7		/					57			/			
8		/					58						
9		/					59						
10		/					60						
11		/					61						
12		/					62						
13		2/					63						
14		/					64						
15		1/					65						
16		1/					66						
17							67						
18							68						
19							69						
20							70						
21							71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77			2			
28							78			2			
29							79			2			
30							80			2			
31							81			2			
32							82			1			
33							83			2			
34							84			1			
35							85			2			
36							86			2			
37							87						
38							88			2			
39							89			2			
40							90			2			
41							91			2			
42							92			2			
43							93			1			
44							94			1			
45							95			1			
46							96			1			
47							97			1			
48							98			1			
49							99			1			
50							50-100			1			
TOTAL IND.	1						TOTAL IND.	13					
TOTAL DEP.	15						TOTAL DEP.	31					
TOTAL CLAIMS	16						TOTAL CLAIMS	44					